

AMERICAN INTELLIGENCE.

ORIGINAL COMMUNICATIONS.

On the Preservation of the Human Body for Anatomical Purposes.
By W. E. HORNER, M. D., Professor of Anatomy in the University of Pennsylvania.

Various plans and substances have been proposed for this very desirable object, but there are none, as yet made known, which meet every requisite. Antiseptic articles are sufficiently abundant, it is true, and will be found in many of the metallic and alkaline preparations. The most prominent among the former are white oxide of arsenic and muriate of mercury, and among the latter are muriate of soda, nitrate of potash, muriate of ammonia, the aluminous salts and some others. There are very few neutral salts indeed which do not possess, to a limited extent, this property. Alcohol and its several preparations are, in many respects, unexceptionable. We then have the various vegetable and mineral acids: creosote, the essential oils, especially that of the *pinus sylvestris*, elain and stearin, &c. &c. The catalogue is, indeed, very numerous, of articles having a power to resist the decomposition, by putrefaction, of animal matter. A substance, however, to be unexceptionable, must possess an absolute antiseptic property—it must not vitiate the colour of parts, neither must it affect their texture so as to alter materially or objectionably their consistence; and, last of all, it should resist the process of drying, so that parts will remain flexible and of full volume as in life. It is difficult to say, whether any anatomist has succeeded in his art to the degree of perfection thus claimed. If the accounts of Ruysch and his preparations be not exaggerated, he would seem to have accomplished all of these points, but by what process is now entombed with him.

Having tried, to some extent, nearly all the principal articles in the foregoing category, my preferences have settled down decidedly in favour of two or three of them, to wit, the muriate of soda, nitrate of potash and alcohol. The two former for the preservation of bulky articles, by injection and by external application,—the latter by steeping.

The formula which I have now used for twenty-three years, with some slight changes, as experience directed, is as follows:—

R.—Liverpool, St. Ubes, or Turks' Island Salt,	℥xxxvi.,	avoidupois.
Nitrate of Potash,	℥xix.,	"
Carbonate of Soda,	℥viii.,	"
Molasses, (sugar-house.)	℥iv.,	by measure.
Starch,	℥ij.	
Water,	Ovi.	Mix.

In the preparation of the above, which is sufficient for one subject, the saline constituents are to be thoroughly dissolved first of all in boiling hot water. The molasses is afterwards stirred well in. The starch should then be mixed up with cold water, Oss., and the lumps fully reduced; in that state it is stirred gradually in with the other articles, and, as soon as they begin to boil again, the whole mass swells up, and in that state should be immediately removed from the fire. On the proper

On the following Saturday, a *post-mortem* examination revealed the following facts:—The brain was very large, weighing forty-six ounces, but healthy in structure throughout. The pericardium was distended with blood, which had been poured out from a laceration in one of the branches of the coronary artery, about four lines in length.

In reviewing the reputation of Dr. Abercrombie as an author, we cannot but feel surprised that he should have attained so eminent a scientific position, independent of those means which with other men are necessary to its acquirement. He was never physician to any public hospital or dispensary, and all the facts with which his works are enriched were derived from private practice. Yet his treatises on the Brain and Abdominal Organs embody a mass of the most interesting cases and observations, and constitute most important contributions to the subjects of which they treat. Moreover, they tended to maintain and extend the scientific claims of British physicians, and this notwithstanding the *état* deservedly enjoyed by the pathologists of France. His philosophical work *On the Intellectual Powers*, &c., may still be considered the most interesting and lucid introduction to a study of the mental faculties, although it emanates from the same school which boasts of Dugald Stewart, of Reid and of Brown. In his latter years, Dr. Abercrombie, by his writings, extended, in no small degree, a knowledge of the principles of revealed religion. The short essays he published on sacred truths have been most extensively read, from twenty to thirty thousand copies of each having been sold in a few years.

The private life and conduct of Dr. Abercrombie were not only irreproachable, but distinguished by the utmost philanthropy and good will towards all men. In him all the public charities of Edinburgh have lost a supporter, and many are the instances which might be related of the assistance he has rendered his professional brethren when in distress. Amongst others may be mentioned the case of a general practitioner, who, from a train of adverse circumstances, being declared bankrupt, received from Dr. Abercrombie the sum of one hundred guineas, on the day his effects were sold.

The confidence he enjoyed amongst the profession was deservedly great. He never attempted to supplant a brother practitioner, or ingratiate himself with the public by means unworthy the dignity of the physician. His manner toward a patient, indeed, was characterized by great taciturnity, although never by rudeness. All his appointments were kept with scrupulous exactitude, and to this, as well as the gentlemanly conduct he pursued in his consultations with the profession, must be attributed much of the extensive confidence they placed in him up to the moment of his death.—*Lancet*, Nov. 23d, 1844.

If a subject is to be kept during the whole summer, it should be preserved besides in a mixture of one part of common salt to four of mahogany or pine sawdust; and, to prevent its becoming too dry, it should be sealed up in lead, or surrounded by a cloth which is impenetrable to moisture, or by some other of the numerous means of insulation from the atmosphere, as a box covered well with pitch, or an old oil barrel or hogshhead. A subject may be kept in this way, fit for most anatomical purposes, for an indefinite length of time. If the investment used fail in preventing evaporation and the limbs get hard, they may be easily soaked out to a proper suppleness. Insects have no disposition to molest such pieces in their dried state.

The above injection impairs the great nervous centres, as the brain and spinal marrow; also the mucous membranes and the rete mucosum, by softening them and making them puffy; a proof by the way of the quantity of neurine and nervous fatty matter entering into the composition of the rete mucosum. This influence is derived from the free alkaline matter in the injection, coalescing with the neurine, and making a half diffuent soap. Hence the cuticle always parts in ten or twelve days. Leaving the alkali out will correct this, but with another disadvantage in its place, to wit, the too great hardening of the tissues. The accident is, at best, but unimportant, as a roller imbued with tallow or wax, laid down in place of the cuticle, will resist the drying of the skin at the part.

The muscles are beautified to a remarkable degree by the injection above, and are also preserved in a firm state of strength and tonicity. I resort to it invariably in my demonstrations of the muscles, and have done so for three-and-twenty years, and should consider my arrangements incomplete without it. Whether my partiality is justified, must however, depend upon the evidence of some thousands of young men, who have been trained in their anatomy by me.

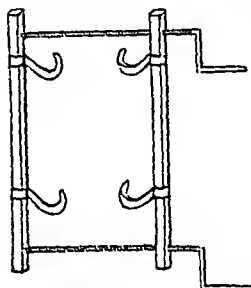
Anatomical pieces preserved this way, do not make good spirits of wine preparations for suspension; the salts and the molasses are constantly tinging that fluid. If the pieces are to be shown by direct handling, the turbidness of the fluid is inconsequential, and the muscular fibre, though its colour is changed by the spirits of wine into a dark olive, yet has its character very strongly developed in parts where it may previously have been equivocal. The fibre is also rendered somewhat more brittle, and the cellular substance more distinct by it. A muscle thus treated, becomes a fine subject for unravelling and for study. The arteries distended in this way, are for a short time rendered very soft and extensible, and receive a much fuller amount of the common coarse injections. Some delay should be had before the latter, so as to allow the saline injection to pass off, and the aorta should at any rate be emptied of it. The injection has a fine effect in developing the tissue of an artery, especially if the latter be steeped previously in alcohol.

The skeleton, the ligaments and the cartilages, are made extremely firm by the injection above, so that in boiling the gelatin is not formed so readily; and maceration in water seems to produce, even in very hot weather, scarcely any effect in accelerating putrefaction of these parts. Skeletons thus injected, though much more durable and heavy, when prepared by boiling, than others, yet never can be well bleached, but always retain a brown tinge.

Upon a dissected surface a soapy glairy formation will occur after a few

reduction of its temperature, it is then fit for use. I generally make several gallons of this mixture at once, to have it at hand, but its quality is somewhat impaired by keeping. The molasses develops a fine aroma at the boiling temperature of this solution, and the starch imparts a proper consistence. The soda prevents instruments from being readily acted on by the compound. Any one or more of the above ingredients may be increased or diminished from their relative quantity to meet especial intentions. Some regard must be had, however, to the muriate of soda and the nitrate of potash, as any great excess above the quantities stated, in going too far beyond the point of saturation, will make a simple mixture clogged by the uncomminuted and undissolved particles. If the desire be to colour up the muscles more highly, the molasses may be used more freely; if the appearance of the nerves and the white tissues are to be preserved, the quantity may be decreased to a minimum. The soda may be left out entirely, but, when in, it has the property of preventing the main ingredients from hardening too much the tissues injected. If the subject to be injected is loose and somewhat œdematous, the mixture should be made thicker with starch, the object of the latter being to regulate percolation.

The best way of introducing the above mixture is as follows: The



sternum should be divided in its middle longitudinally, and to get at the heart the sternum dilator, the instrument, represented in the adjoining figure, to which I called the attention of the profession some years ago, in vol. iii. p. 242, *Am. Journ. Med. Sci.*, Nov., 1828, should be used. The two divisions of the instrument, acting each upon its side respectively of the sternum, the latter parts open four or five inches. The pericardium is then slit up, and a large pipe introduced into the root of the aorta. A syringe will do for throwing in the mix-

ture; but the best way is by a column, of twelve or eighteen feet in height, to which for convenience is attached a flexible tube of leather of four feet in length, to conduct the injection to the aorta pipe, and furnished with a stop cock at the lower end. By this apparatus, the pressure can be exactly regulated, so as to keep the vessels full without rupturing them, and the injection pushed uniformly on. In all cases where it succeeds well, it returns by the veins, and keeps them beautifully distended as in exercise. It should be thrown in warm.

Injection through one of the collateral arterial trunks is not so effectual as from the aorta itself. I have, for the purpose of saving the sternum, tried the brachial, the femoral, the carotid and some other arteries, but always with some measure of disappointment.

If the subject is to be used immediately, the above quantity will keep it in good preservation for two months in winter; if it is to be kept during the summer and for an indefinite length of time, twice the quantity should be injected, or even more if the subject be very large. The objection to using the latter quantity where a subject is to be dissected at once, is, that it inundates rather too much, but where time is left for evaporation, the latter process corrects the over-humidity.

Proceedings of the Association of Medical Superintendents of American Institutions for the Insane.

At a meeting of a number of the Medical Superintendents and Physicians of Hospitals and Asylums for the Insane in the United States, convened at Jones' Hotel, in the city of Philadelphia, on the 16th of October, 1844, SAMUEL B. WOODWARD, M.D., of the Massachusetts State Lunatic Hospital, was appointed *President*; SAMUEL WHITE, M. D., of the Hudson Lunatic Hospital, *Vice-President*; and THOMAS S. KIRKBRIDE, M. D., of the Pennsylvania Hospital for the Insane, *Secretary* and *Treasurer*.

On motion, a committee was appointed, to designate the names and stations of those gentlemen who were present and entitled to seats as members of the convention, who reported the following, viz.:

Dr. Samuel B. Woodward, of the Massachusetts State Lunatic Hospital at Worcester.

Dr. Isaac Ray, of the Maine Insane Hospital at Augusta.

Dr. Luther V. Bell, of the McLean Asylum for the Insane at Somerville, Mass.

Dr. C. H. Stedman, of the Boston Lunatic Hospital.

Dr. N. Cutter, of the Pepperell Private Asylum, Mass.

Dr. John S. Butler, of the Connecticut Retreat at Hartford.

Dr. Amariah Brigham, of the New York State Lunatic Asylum at Utica.

Dr. Samuel White, of the Hudson Lunatic Asylum, at Hudson, N. Y.

Dr. Pliny Earle, of the Bloomingdale Asylum, N. Y.

Dr. Thomas S. Kirkbride, of the Pennsylvania Hospital for the Insane at Philadelphia.

Dr. William M. Awl, of the Ohio Lunatic Asylum at Columbus.

Dr. Francis T. Stribling, of the Western Asylum of Virginia at Staunton.

And Dr. John M. Galt, of the Eastern Asylum of Virginia, at Williamsburgh.

On motion, a committee was appointed to prepare business for the action of the convention, who proposed the reference of a number of important subjects to appropriate committees, to report at a future meeting; which suggestion was adopted by the convention, and the following committees appointed, viz.:

1. On the Moral Treatment of Insanity, Drs. Brigham, Cutter, Stribling.

2. On the Medical Treatment of Insanity, Woodward, Awl, Bell.

3. On Restraint and Restraining Apparatus, Bell, Ray, Stedman.

4. On the Construction of Hospitals for the Insane, Awl, White, Bell, Butler, Galt, Ray.

5. On the Jurisprudence of Insanity, Ray, Stribling, Stedman.

6. On the Prevention of Suicide, Butler, Kirkbride, Earle.

7. On the Organization of Hospitals for the Insane, and on a Manual for attendants, Kirkbride, Brigham, Galt.

8. On the Statistics of Insanity, Earle, Ray, Awl.

9. On the Support of the Pauper Insane, Stribling, Bell, Ray.

10. On Asylums for Idiots and the Demented, Brigham, Awl, White.

hours exposure to the air: this may be partially corrected by an envelop saturated with tallow.

Some other considerations might be added, but this communication is perhaps already too long, and I will therefore say, after some experience, that I know no other preparation, which has attracted public attention and commendation, whose properties are in the aggregate equal to the above. It has moreover the advantage, that the formula is almost a domestic one for the preservation of meat, and is under a somewhat modified application, one of the most useful and indispensable in the nautical and household economy of nations.

As to the vaunted preparations of arsenic, they are certainly antiseptic, but poison the dissector's fingers, and add nothing to the qualities of the parts for dissection, indeed rather impair them. Mr. Ganale's preparation of alum is also antiseptic, like all the other forms of this earth, but spoils completely the colour of the muscles, and also hardens them and other parts too much. It has in this respect a similar effect to corrosive sublimate, which of all articles is the most potent, both for preventing and for arresting putrefaction, but like arsenic exposes the health of the operator, and also, by its ready action upon the albuminous constituent of our tissues, confounds them all into a hard, drab-coloured undistinguishable texture.

I will make a few remarks on alcohol, or spirits of wine, from my own observation. There is no other fluid which I think equal to it for wet preparations; and those who claim for the dilute acids, and the solutions of neutral salts an equal value, have overlooked too much the constant precipitating of their solid constituents, so as to obscure the preparation and make the fluid finally turbid; at least I have tried none against which this objection did not hold. When alcohol is used, the blood should be removed from the specimen by soaking it for a time in fresh clear water, frequently changed; then at least three times its weight of alcohol should be used, and the specimen so arranged that the alcohol shall be in contact with its whole surface: massive pieces should be cut into, to give to the spirits a proper access. When the preservation of the white tissues is concerned, the alcohol is most exactly suited to them. My most usual strength of it is about 26° of the glass float of Cartier, or 60° of the centesimal float of Gay Lussac. A bulky anatomical specimen, from the quantity of water it discharges, will dilute the spirits of wine probably six or eight degrees, but at least several, and a great state of dilution always incites to softening and maceration, so as to spoil the piece.

A good spirits of wine preparation, properly made, and suspended, is constantly improving in the perfection of its appearance, and is decidedly better at the end of twenty years, than at the beginning of them, so far as the condition and appearance of the tissues are concerned. Alcohol can generally be got of the strength named, at seventy cents a gallon; it is therefore not very expensive in this country, to keep up anatomical cabinets of wet preparations. In Europe, the excise duties impose a much higher price, and the anatomists are therefore, constantly attempting to adopt a cheaper substitute.

It is difficult to get glass or stone vessels of sufficient size for large anatomical pieces to be kept in spirits of wine. Vats of lead are used to some extent, but a carbonate of lead is formed in large quantity, which, being precipitated on the specimen, spoils its surface, and makes it ragged and opaque. I have tried zinc partially, and find it to answer better, but time is wanted to mature the observation.

11. On Chapels and Chaplains in Insane Hospitals, Butler, White, Stedman.

12. On Post-mortem Examinations, Kirkbride, Stedman, Galt.

13. On the Comparative Advantages of Treatment in Hospitals and in Private Practice, White, Ray, Butler.

14. On Asylums for Colored Persons, Galt, Awl, Stribling.

15. On the Proper Provision for Insane Prisoners, Brigham, Awl, Bell.

16. On the Causes and Prevention of Insanity, Stribling, Kirkbride, Brigham.

The various subjects referred to the different committees were freely discussed by the members of the convention, and partial reports received from several, which were accepted, and all the committees were continued, to report in full at the next meeting.

The Committee on Statistics recommended that, in future, the following subjects should be made matter of record in the different institutions, viz.: The monthly number of admissions, discharges and deaths of each sex, with the mental condition in regard to recovery of those discharged, the civil condition of the patients, and their ages at the time of the first attack of insanity, as well as that of admission. And while not feeling prepared to urge, at this time, the adoption of any other subjects for uniformity of report, they would cordially encourage the investigation of any other topic that may be suggested to individual minds, as of utility to the general cause in which we are engaged.

On motion,

Resolved, That the Medical Superintendents of all Insane Hospitals in the United States be requested to have their annual reports published in octavo form, and of the size generally adopted.

Resolved, That the title of this body shall in future be "THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE."

Resolved, That the Medical Superintendents of the various incorporated and other legally constituted institutions for the Insane, now existing in the United States, or which may be commenced prior to the next meeting, be, and they hereby are, elected members of this Association.

Resolved, That any member or members of this Association who may be in Europe at the time of the meeting of the convention of physicians to institutions for the insane in Great Britain, be authorized to represent this body at that meeting, and that the President and Secretary furnish the proper credentials.

Resolved, That the thanks of this Association be presented, through the Secretary, to the "Prison Discipline Society of Philadelphia," and to the medical gentlemen of the same city, for their polite attention to the members of the Association during its present session.

Resolved, That an abstract of the proceedings of the Association be published in the American Journal of Insanity, and in the American Journal of the Medical Sciences.

The Association continued its session until the evening of the 20th of October, and then adjourned, to meet in the city of Washington on the second Monday of May, 1846.

By order of the Association:

THOMAS S. KIRKBRIDE, *Secretary*.

Cases of Congestive Fever. By ALEXANDER H. PERKINS, M. D., of King Wm., Virginia.

Until within the last few years congestive fever has been unknown in Eastern Virginia, or if it occurred at all, it was only in a few sporadic cases, not perhaps recognized by physicians. Of late it has become quite common, and proved very fatal. The following cases, selected from many others, are detailed principally to exhibit the efficacy of *Quinine in the Paroxysm*.

CASE I.—Oct. 9. Was called in consultation to see Mrs. J. For several days past she had had regular exacerbations and remissions, with some symptoms of congestion. At 11 o'clock, found her very restless, with great prostration, livid and anxious expression of the face, extremities cold, pulse frequent, feeble, and very irregular, with great thirst. Had complained of nausea and burning in the stomach since the commencement of her attack, which symptoms were now very distressing. She had been treated with purgatives (calomel and colocynth), blisters to extremities and epigastrium. Ordered brandy and water to be given cautiously, and a strong salt water enema, which brought away a dark tar-like matter. The stomach became more composed, pulse fuller, and the extremities warmer, though the burning and thirst still continued; gave ice to allay these last symptoms. This situation continued until evening; the pulse then became worse, and the restlessness much greater. Advised quinine in six gr. doses every two hours, until its peculiar effects were manifested upon the head; a purgative of calomel and colocynth, and enemata to aid its action, until the dark matter ceased to be discharged.

10th. Not much improvement; pulse still bad, with restlessness and thirst; head not affected by the quinine, which had by mistake been given in small doses; gave six grains immediately, and ordered it to be repeated every two hours, until the head became affected, and enema twice during the day, or oftener if the passages still continued dark.

11th. Found her a little improved; pulse rather better; more composed; slight moisture upon the forehead; the bowels had been moved without the assistance of an enema; the quinine had affected the head. Quinine to be again used after its effects upon the head had in a measure subsided; enemata as before; soup allowed.

12th. Much improved; skin disposed to moisture; pulse full and regular; bowels soluble, and the head much affected with quinine. From this time improved; and under the use of twenty-four grains of quinine daily, for several days, she perfectly recovered.

CASE II.—Aug. 22. Col. —. Had had several fevers with regular exacerbations and remissions, the usual course of our bilious remittent fever; 10 o'clock, A. M., pulse feeble, frequent and irregular; extremities cold; great difficulty of respiration; considerable uneasiness about the epigastrium, and some retching; countenance anxious, and restlessness extreme; R—Mustard cataplasms of large size to the epigastric and cardiac regions; calomel and colocynth, and enema of strong salt water, and quinine in ten grain doses, every hour and a half.

23d. Passed a restless night; pulse not much improved; restlessness still considerable; extremities warmer; distress about the epigastrium very

great; no action from the purgative. R—Blister to the epigastrium and cardiac region; croton oil, grs. ij; calomel grs. 20; *quinine* as before.

24th. Some slight improvement in the pulse, veins fuller, blister well drawn, and the gastric distress in a measure relieved; no action of the bowels, and the head not affected with quinine; R—Croton oil, grs. ij; calomel, grs. xxx, divided in two portions, the second to be given four hours after the first, if no action; enemata to assist it; quinine in same doses every two hours.

25th. Had passed a restless night, though now more quiet. Has had but one evacuation from the purgatives; pulse not much freer; temperature as the day before; complains of deafness, &c., from the quinine. R—Soda powders; enemata during the day; *quinine* to be again used in the same doses every three hours, after the effects somewhat subsided.

26th. Much improved; skin warm, soft and moist; bowels had acted freely; distress of the stomach had ceased; head considerably affected with quinine. From this time he continued to improve; quinine continued in smaller doses for several days.

CASE III.—Aug. 1. Was called in consultation to C. H. B., labouring under congestive fever, which was the ninth day of his attack, and he said his third *bad ague*. Up to this time he had had regular intermissions; pulse now nearly extinct, skin cold, and bathed in clammy sweat; hands looking shrivelled as if they had been a considerable time immersed in water; countenance anxious, complexion livid; no difficulty of respiration, and no nausea. He had been treated with purgatives; I advised *quinine*. His attendant, with me, was opposed to *large* doses, and we gave it in two grain doses every two hours, with ten drops of laudanum, and some camphor and brandy in the intervals; applied mustard over the stomach and abdomen and to the extremities, and ordered stimulating enemata. No impression was made upon the disease, and he died within twelve hours.

From the above cases, it will be seen that we rely upon *quinine in large doses* in the treatment of congestive fever. The other remedies used, we consider as mere adjuncts. Quinine in small doses we believe is of no avail. The system should be brought under its influence as speedily as possible, and the insensibility to its action is so great, that the system cannot be affected by small doses.

The cases have been detailed to exhibit the efficacy of quinine in the cold stages. In the intermission all admit its utility. We have invariably observed, that when the head becomes affected by quinine, showing that the system is brought under its influence, the disease begins to yield. In Case II. several hundred grains were used before the system was brought under its influence; and it will be observed that, until this occurred, the bowels were exceedingly torpid. Case III. occurred in a man of intemperate habits. This case we are assured could have been saved by the bold administration of quinine.

DOMESTIC SUMMARY.

Mortality among Children in St. Louis. By Dr. VICTOR J. FOURGEAUD, M. D.—The summer and autumn in St. Louis appears to be attended with great prevalence of sickness and mortality among children. The very alarming increase in the deaths, during the months of July and August of the year 1843, induced Dr. Fourgeaud to devote particular attention to the subject, the results of which he has communicated to the public in the pages of the *St. Louis Medical and Surgical Journal*, (No. 12, for March, 1844.) The investigation includes the years 1841, 1842 and 1843.

The population of St. Louis in 1841, was computed at 30,000. The whole number of deaths in that year was 935, of which 488, or more than half, were children under seven years of age. Of the whole amount of mortality, 216 deaths occurred in July, 147 in August, 122 in September, and 121 in October, leaving only 329 deaths distributed through the other eight months of the year. The infantile mortality shows 133 deaths in July, 87 in August, 58 in September, and 47 in October, leaving only 163 deaths for the other eight months of the year 1841.

In 1842 the mortality did not run so high, the whole amount being 658, of which 270 were under the seventh year. But in 1843 a great increase occurred, the whole amount being 1139, of which 645 were children under the seventh year. During the months of July, August, September and October, the total number of deaths amounted to 770, and those under the seventh year to 477, of which 209 took place in the month of August alone.

Taking the three years together, the deaths under the seventh year amount to 1403, whilst those at all other ages amount to 1329; the sum total of mortality, including adults and children, being 3732. Thus, the average mortality of St. Louis, estimated by the three years mentioned, is one death per annum to every thirty-three of the population.

The diseases which proved most fatal to children were cholera infantum, which in the three years carried off 238; convulsions 147; consumption and marasmus 67; measles 59; dysentery 54; croup 50; dentition 48; inflammation of the lungs and appendices 47; inflammation of the brain 40; fevers 63; diarrhoea 39; whooping cough 39; hydrocephalus 30; enteritis 21—297 deaths set down under the head "unknown." Thus it will be perceived that more than one-third of the mortality of children is reported under the heads of cholera infantum and convulsions.

Among the tabular views presented by Dr. Fourgeaud, is one showing the different ages of the children who died of cholera infantum during the three years. From this it appears that out of a total of 238, 149 died before the completion of the first year, 71 between the first and second years, and only 18 between the second and seventh years. The disparity between the male and female deaths is larger than might be expected after allowing for the greater proportion of male births. Thus, 140 are designated as males, whilst the deaths of females only amount to 91.

After indulging in some speculative views in relation to the causes of cholera infantum, Dr. F. states it as his sincere belief, that the unusual mortality from this source in St. Louis, is to be attributed to the want of proper medical attendance. He observes, "I neither desire nor intend to insinuate aught against my fellow practitioners; on the contrary, our city has reason to be proud of her physicians. It is not to them, nor to their malpractice, that this great mortality must be attributed. Mothers! it is because you neglect to seek their aid; it is because you do not employ, or employ them too late, that so many of your offspring are torn from your embraces." To ameliorate the condition of children in St. Louis, especially those of the poor, Dr. Fourgeaud

strongly recommends the establishment of a hospital especially devoted to the treatment of infantile diseases. There, he says, they would be removed from those obscure haunts in which they die from the effects of an impure atmosphere, and the want of the absolute necessities of life. There, in addition to a purer air, they would have cleanliness, comfortable clothing, and proper medical attendance.

In demonstrating the extent of a great source of suffering and mortality among his fellow citizens, Dr. F. has displayed both intelligence and zeal in the cause of humanity. His recommendation is a good one, and merits the attention not only of the philanthropic citizens of St. Louis, but of other American towns, where cholera infantum swells the bills of mortality. G. E.

Extraordinary Effects of a Stroke of Lightning. By JOHN LE CONTRÉ, M. D., of Savannah, Ga.—(*New York Journ. of Med.*, Nov., 1844.)—Five negroes were simultaneously prostrated by a single stroke of lightning on a plantation in Georgia. The sun was shining brilliantly at the time, and a greater portion of the visible hemisphere presented the usual serenity of the summer sky. A singular and rather angry-looking cloud had, for a short time previously, been observed near the verge of the south-eastern horizon, from which occasionally proceeded the low rumblings of very distant thunder. Suddenly the whole atmosphere was illumined by a flash, succeeded by a single report, and the cloud quickly dispersed precipitating a little rain. The five negroes were all taken up in a state of apparent death.

"CASE 1.—A negro girl, Adeline, aged about thirteen years, was up in the branches of a small mulberry-tree, twenty feet high, and standing sixteen feet in front of a line of negro houses, which extended parallel to a wood situated one hundred yards in the rear of the same. She was engaged in throwing down the fruit for her little companion below. Every principle of life seems to have been instantly extinguished by the intensity of the electrical shock;—her body had to be taken down from the branches of the tree where it had lodged. No marks of external injury observed.

"CASE 2.—Another female child, Kitty, aged about six years, was standing immediately under the tree. She was instantaneously killed. No superficial marks of injury observed.

"CASE 3.—Chloe, an adult woman, aged forty years, was walking about ten feet more remote from the base of the tree than the latter child; and, also, about five feet more distant than the two who survived the shock, viz.: than cases 4 and 5. She was instantly killed. No marks of injury recognized, excepting a burnt spot, the size of a dollar, under the right axilla. Her clothes were set on fire; but this was probably occasioned by the breaking of a tobacco pipe which she was smoking at the time, and which scattered the ignited contents over her cotton garments. In the three cases above-mentioned, all the ordinary attainable means of resuscitation were tried without success.

"CASE 4. Charlotte, an adult woman, aged twenty-nine years, was standing half-way between cases 2 and 3, and, consequently, about five feet from the root of the tree. After remaining in a state of insensibility for some time, she gradually recovered her consciousness. A dose of castor-oil was then administered. The skin on her right shoulder was abraded for a space as large as a dollar. Her clothes were rent into shreds; on the right side of her body, the skin was blistered and marked with discoloured streaks, which extended anteriorly on the lower portion of the abdomen towards the pubes. A small streak likewise extended along the interior aspect of the right arm. She complained of pain in the stomach and bowels for three weeks. No vomiting or burning in the hands and feet, as was experienced in the next case. She has been married several years, but has never been pregnant. Her menstruation was perfectly regular prior to the reception of the shock; but has since that time been very irregular; sometimes having two periods per month, and then escaping two months. The flow has also been much diminished in quantity. Her health has not been very good since she was struck; manifestly resulting from her

menstrual irregularity. A recent copious bleeding has afforded her evident and immediate relief. Her reproductive functions appear to continue dormant.

"CASE 5.—Sarah, a woman aged, at least seventy years, was standing immediately beside the last. She, likewise, gradually recovered her consciousness. No medicine was administered. Her clothes were rent; and after a few days, marks of discolouration were manifested along the right arm and right side of the trunk. A violent paroxysm of vomiting followed the restoration to a state of sensibility; which continued, with occasional interruptions, for ten or twelve hours. As in the preceding case, she complained very much of pain in the region of the stomach and bowels, for at least two weeks after the accident. A troublesome sensation of burning was experienced in the palms of her hands and the soles of her feet; and in the course of two or three weeks a swelling made its appearance under the right foot, which ultimately resulted in the exfoliation of a portion of the thick, indurated epidermis of that part, about one and a half inches in diameter.

"The catamenial discharge, which had, in accordance with the ordinary arrangement of nature, ceased for more than twenty years, was completely and, thus far, permanently re-established!! At least, a discharge from the genital organs, having all the obvious and sensible physical characters of the *catamenia*, and observing, with vigorous exactitude, its peculiar law of periodicity, has been established, and continues to recur, with the utmost regularity, up to the present time, (Aug., 1844.) after the lapse of more than a year! She has not missed a single menstrual period since she was struck by lightning. To use a liberal paraphrase of her own language, her 'Moons return as regularly as when she was a young woman.' The flow comes on with the usual premouitory symptoms. Her *mamme* have undergone an obvious *prternatural enlargement*, apparently originating in a sympathetic irritation, emanating from the establishment of the reproductive functions. This woman has had but one child, to which she gave birth, soon after reaching womanhood. The catamenial flux is represented to have been regular up to the period of its natural cessation, between forty-five and fifty years of age; subsequent to which epoch, she has presented all the appearances ordinarily attending the gradual approach of the state of senility in a vigorous constitution. The electrical shock, likewise, completely relieved her of a troublesome *strangury* which had harassed her for four or five years. Very recently she has, occasionally, had a slight recurrence of the same complaint, although under a much milder form. Otherwise, her health continues perfectly good; there being, so far as symptoms show, not the slightest indication of the supervention of organic disease of the uterus."

Removal of a Diseased Ovary. By J. D. BOWLES, M. D., of Harrison, Ohio.—(*Western Lancet*, Oct., 1844.)—"Mrs. Brant, *ætat.* 25, in the middle of August, 1843, for the first time, noticed a small tumour in the left hypogastric region, which had unceasingly continued to increase; it now occupies the whole lower part of the abdomen, and extends upwards to midway between the umbilicus and ensiform cartilage; it is very movable in a lateral and somewhat in a vertical direction; its surface feels hard and uneven as if lobulated.

"Upon examination the vagina and os uteri feel healthy; the direction of the vagina inclines to the left; pressure to the right of the neck of the uterus gives slight pain; here, through the vagina, the tumour can be felt. She complains of pains in the lumbar region, and down the thighs, at times resembling those of parturition. The urine is frequently and rather painfully voided. The bowels are inclined to be costive; in other respects, the various functions of the body are performed in a healthy manner.

"Her habit is spare, and has been so from the commencement of child bearing; she has borne four children."

Drs. Crookshank, Fuller and Harrison advised an operation, to which the patient assented.

On the 4th of August a dose of castor oil was given to the patient; and the next morning, in the presence and with the assistance of Drs. Fuller, Crook-

solid, resembling the mammary gland, having a dense white appearance, agreeing with Dr. Good's definition of the *emphyema mammarium*. It measured in its shortest circumference fifteen inches, in its longest twenty-two and a half."

The adhesions and solidity of the tumour would have rendered its extraction totally impossible by the short incision. The propriety of operating in the *linea alba* was manifested by finding the pedicle to be the right broad ligament, instead of the left, as we expected from the history given by the patient.

Rupture of the Spleen.—A robust man, about 40 years old, was engaged in a scuffle with another of the same size, and received one blow from the fist of his opponent, in the left hypochondriac region; the combatants then clenched each other, and so equal were their exertions for five or ten minutes, that it seemed doubtful which would come off victor; at length, however, the strength of J. W. seemed suddenly to fail. He turned pale, staggered and sunk helpless upon the ground, complaining of nausea, faintness and pain in the left side. He was carried, in a sinking condition, a short distance to a house, where he expired, in about fifteen minutes after the termination of the conflict.

On dissection, twenty-four hours after death, no marks of violence were observed on the exterior. The cavity of the pericardium contained about two ounces of effused serum. In other respects, the contents of the thorax appeared natural. But upon cutting through the abdominal parietes, exit was given to between two and three quarts of dark, partially coagulated blood. An extended incision brought into view the spleen, enlarged to about five times its natural dimensions, and so soft in texture as to be easily broken down under slight pressure from a finger. Upon its posterior surface, was a lacerated fissure of about five inches in length, extending deep into the centre of the organ. It was evidently from the divided blood-vessels of this torn structure, that internal hæmorrhage had taken place to such an extent as to cause immediate death.

The coroner's verdict was as follows:—"Death from lacerated diseased spleen, caused by a blow, fall or over-exertion, while engaged in a scuffle with B. R.:" B. R. was tried for manslaughter, and acquitted, by the Circuit Court.—*Dr. Herrick in Illinois Medical Journal.*

A case very similar, in its leading particulars, is given in this Journal, 1st series, vol. vii. p. 549, from Rust's Magazine. T. R. B.

Fracture during Pregnancy.—Dr. H. C. MARTHEUS relates, in the *St. Louis Medical and Surgical Journal*, (Oct., 1844,) a case of fracture of the radius in a woman 30 years of age, at the time in the seventh month of pregnancy. The fracture united firmly in one month, as short a period as union would have occurred under ordinary circumstances.

Opium a Hazardous Remedy in Strangulated Hernia.—The following cases were related to the New York Medical and Surgical Society, with a view to show the danger of using opium or its preparations when strangulation of a hernia is suspected; the symptoms of strangulation being masked by the medicine, and the operation consequently being deferred until too late to be successful.

Dr. Buck stated that he was called to operate on a lady aged sixty, whose hernia (femoral) had been strangulated two days. She had been put under the influence of tobacco and an anodyne injection administered on the first day she was taken ill, which was Sunday. On Monday she was found in a state of profound narcotism. On Tuesday, Dr. Buck was called in. The patient then lay in a stupor, and did not appear to suffer. The hernial tumour was large, and its contents were omentum and intestine. The operation was performed the same day, and death ensued thirty-six hours thereafter. On examination, the strangulated portion of intestine was found of a purplish brown colour.

Dr. Watson reported as follows.—A lady, aged sixty-four, a rather small and spare woman, about six weeks before the present attack, was seized with

shank, and Francis, Dr. Bowles proceeded to operate upon the plan pursued by McDowell, Lizars, and Clay.

"The patient having her bladder and rectum evacuated, was laid on a table; her head resting on a pillow; her legs hanging over the end, and her feet resting on a chair.

"*Operation.*—Avoiding the umbilicus, an incision nine inches in length was made through the linea alba, from the upper part of the tumour to the symphysis pubis. Upon drawing aside the parietes, the tumour might be seen through the greater omentum, which passed down in front of it: upon endeavouring to raise it, it was found adherent to the tumour. The adhesions were readily separated by the handle of the scalpel or fingers. There were no adhesions on the posterior part. In endeavouring to raise it from the right iliac fossa, its attachment to the broad ligament of the uterus, which formed the pedicle, was brought into view; the pedicle was about two inches wide, its broad surface closely adhered to the tumour, its blood-vessels were large and distended; following its course for a short distance, the finger could be passed around it; here a ligature of double silk was applied, and firmly tied, and passed through the pedicle between the tumour and place of application; the broad ligament was then cut through. Endeavouring to raise it from the right iliac fossa, was found firmly bound down by adhesions to the uterus and bladder; the close adhesion of the tumour to the former gave to the hand, when examining it from behind, a sensation as if their structures were intimately blended into one consolidated mass, but as soon as the pedicle was divided, upon raising the tumour in front, the adhesions between it and the fundus of the bladder and uterus, were easily separated by the handle of the scalpel, and the tumour removed. We inclined her on one side, that the accumulated blood might escape, of which not more than six or eight ounces were lost, and not a jet of arterial blood was seen.

"Upon being replaced in her former position, vomiting occurred which forcibly protruded the intestines from the wound, and rendered it somewhat difficult to replace them, but Dr. Fuller by well directed pressure resisted the propulsive action, and stimuli being administered the vomiting subsided. The wound was then closed by an interrupted suture of five stitches. At distances of an inch and a half, long strips of adhesive plaster, reaching across the abdomen, were applied between the sutures; a long compress on each side of the wound; raw cotton over it; and a broad bandage surrounding the body; enveloped the whole.

"Since the operation she has gone on well, and has had nothing to complain of, excepting that on the remainder of the fifth and until the evening of the following day, her stomach would retain nothing; it yielded to an effervescent, or gruel. From that period she cannot be said to have had an untoward symptom. Her diet was the mildest that could be suggested; a dose or two of morphine has been the only medicine administered.

"To keep her abdominal muscles at rest, her urine was constantly drawn off by the catheter, and her bowels washed out by enemata; to prevent distension from flatulence a tube was kept in the rectum.

"Three of the sutures were removed on the 9th, one on the 10th, and the remaining one on the 11th.

"Adhesion has taken place (with the exception of an inch near the lower part) throughout the wound; the ligature is not yet come away. The urine and fæces are discharged without difficulty or assistance.

"Her appetite is good; her health better than before the operation. We have no doubt of her ultimate recovery.

"To Dr. Crookshank's kindness in taking her to his home, and the advantage she has derived from his constant attention, must be attributed in a great measure, the mildness of the subsequent disturbance which she has experienced from this formidable operation.

"The tumour weighed five lbs.; its external appearance resembled the human brain enveloped in the pia mater; upon dividing it, the interior appeared quite

with that desolating disease, *Yellow Fever*. And what renders the analysis more difficult, is the fact, that all the surrounding towns are remarkably healthy for the season of the year. The yellow fever does not prevail at New Orleans; there has been only one or two cases in the place, and they confined to the Hospitals. It does not prevail at Bayou Sara. There has not been a single case either at Bayou Sara or Natchez, or any place along the river; consequently you see the utter impossibility for the disease to have been brought here. We find no adequate cause existing in the place itself, for I have seen towns three times siltier, and more favourably situated for such a disease, and yet escape. * * * I have heard it remarked since the prevalence of the epidemic, that even the birds have left Woodville and its precincts, not one is to be seen in or about the town; usually there are a great many. We have had no rain of any consequence for weeks, and it has been quite warm, but not more so than any other season. * * * I presume no one will doubt the fact of its being genuine *yellow-fever* when they are informed that physicians who have practised in New Orleans for years and have seen hundreds of cases, perhaps thousands, unhesitatingly and unequivocally pronounce it the yellow fever. Nearly every man in the place has had the disease. But what fatality for such a small inland town, the disease has been prevailing a week up to this time, and from seven to ten deaths have occurred every day, and Heaven only knows when it will cease its desolations. It is very rapid in its course, the victims are seized with a violent pain in the head, pains in the lumbar portion of the spine, in the knees, accompanied with a burning fever; in a short time they commence vomiting, throwing up something similar to coffee grounds, called the black vomit, and in a few hours death closes the scene; there is a great similarity in the attacks; after death they turn yellow, this I have seen with my own eyes. Another very remarkable thing, it is spreading into the country; on some of the plantations there are fifty cases, and others occurring. From some of the plantations they had occasion to send to town, and invariably the servant has returned with the disease, although he remained but a few minutes in town, and, in this way, they have carried it into the country. Nearly every individual that visits Woodville after returning home, in a few hours is taken sick, and the majority of them die. I have not been informed of the exact amount of deaths as yet; the epidemic is rapidly prevailing."

Drs. C. DE VALETTI and THOMAS M. LOGAN, a committee of the Medico-Chirurgical Society, delegated to investigate the nature and origin of this outbreak of yellow fever, furnish, in their report, some farther particulars, the most important of which we shall quote. The report is published in the *New Orleans Medical Journal* for Oct., 1844.

"Woodville," says the committee, "is an inland town, situated in Wilkinson county, near the south-west corner of the State of Mississippi, lat. $31^{\circ} 10'$, and 8 miles from the boundary line of Louisiana. The distance in a direct line from the Mississippi river, which is the nearest river or swamp, is 15 miles, but as the whole surrounding country is rolling and much broken, the route by railroad or stage is about 26 miles. The town is elevated to the height of 340 feet above the bank of the Mississippi river, as has been well ascertained by the engineers who constructed the railroad from Bayou Sara and St. Francisville, which terminates here. The town covers a space of about 8 or 10 acres: the houses are not crowded together,—the streets are wide and planted with trees, and there is a large public square in the centre. The population has increased very gradually since the first settlement of the town, about 40 years ago. No sudden emigration of any consequence has ever been observed previously to the last 3 years, during which period some Dutch emigrants have located themselves here; but the number is inconsiderable. The soil of the town and adjoining country is rather worn, and consists of a mixture of clay and sand to the depth of about 15 feet, where a thick stratum of gravel next presents, through which numerous springs of clear, wholesome and pleasant water are occasionally found percolating.

"The sand rather predominates in the bottoms and low spots, for the water

severe and sudden pain in the bowels, which was considered bilious colic. She was treated with very large and repeated doses of opium, which for the time overcame the pain. On Tuesday, May 28th, while busying herself about her household duties, she was again taken as before, and the former treatment resorted to. The amount of opium was very great, some ten or twelve grains per diem for several successive days. The pain was effectually overcome, and the only evidence of a narcotism produced, was a pleasant hallucination without sleep, and a tingling or itching sensation over the whole body. She continued under treatment in this way up to the evening of May 31, and, as a small swelling had recently been detected in the right groin, and her bowels had not been opened for nearly three days and a half, a consultation was requested. Dr. W. now saw her for the first time, about 9 or 10 o'clock at night, and recommended the operation. Some hesitancy existing, Dr. Mott also met the other attendants in consultation at midnight. The operation was resolved upon, and was performed by Dr. Watson. The hernia was femoral; no fluid existed in the sac.

The protrusion was small, and the parts united by adventitious adhesions, the result of inflammation, probably existing there since her first attack some six weeks before. On the next day the narcotic condition still existed, bowels still constipated, notwithstanding the use of oil and enemata. On June 2d, the bowels were freely and spontaneously moved for the first time. After this, all evidence of narcotism subsided, and the case began to promise well. The wound was dressed on the sixth day, and it was then dry, and appeared to have united by the first intention, but in a day or two afterwards it opened and gave issue to a very offensive discharge, which excoriated the surrounding parts. The whole of the pubic region and the right groin became inflamed, and the discharge for several days appeared to increase in quantity, and become more offensive. On the 8th June, a large slough was found lying under the integuments in the bottom of the wound, which was removed. Portions of feces appeared on the dressings. The wound gradually contracted, and she continued under treatment until July 15, when a truss was applied.

Another instance was mentioned by Dr. Watson. The husband of a female aged sixty, objected to the performance of the operation on his wife, and in consequence it was deferred from hour to hour. Sixty drops of laudanum were given to allay irritation, and a consultation called. Croton oil was prescribed to relieve the bowels. At the next meeting the patient was so comfortable and free from pain that the operation was deferred until the next morning, when she was found moribund, being twenty-four hours from the occurrence of the strangulation.—*N. Y. Journ. of Med.*, Nov., 1844.

Yellow Fever at Woodville, Miss.—Woodville, an inland town, in Wilkinson county, Mississippi, near the south-west corner of the State, with a population of about 750 inhabitants, suffered the past summer from a remarkable and very severe visitation of yellow fever.

The following extracts of a letter from a Medical Practitioner, to the editor of the *Western Lancet*, furnishes some curious details respecting this visitation:

"The town of Woodville is situated about twenty-eight miles from Bayou Sara, on the Mississippi; about forty from Natchez, and about fifteen or twenty from the Mississippi river. It is situated on high ground with a gradual slope in all directions, leading off into hollows that run up within a quarter or half mile of the town, forming the heads of Thompson's creek, the Buffalo and other little branches. There is no creek or ponds or low lands in the immediate vicinity. The town is built very compact, formed in a square, with the Court House in the centre. In short, when you view the surrounding country and the town, you would pronounce it to be one of the most eligible sites for a town of health in the South. I have walked around and through the place; every thing seemed neat and airy, no appearance of filth, no large collections to putrify and render the place unhealthy—no one would or could, in my estimation, pronounce Woodville a filthy place. And yet, strange to tell, we have been visited

nervous agitation, and the patient complained that there was a stoppage in the epigastric region, and said he should feel better if he could only have an evacuation from his bowels. Various remedies were employed without, however, the least benefit; the patient got worse and worse, and died midday, May 9th.

On *post mortem* examination a large knuckle of intestine of a deep port wine colour, composed of thirteen inches of the colon, was found strangulated in an aperture about the size of a quarter of a dollar in the meso-colon. From the strangulated intestine to its termination in the anus, measured four feet. The strangulated intestine was in a complete state of mortification. The aperture was round with even edges. No reasonable conjecture could be formed as to the cause of its formation.

Discharge of a Lumbricus from the Male Urethra.—Dr. PETER F. CLARK, has recorded in the *New York Journal of Medicine*, (May, 1844,) a case in which a lumbricus teres eleven inches long was discharged from the urethra of a man thirty-three years of age. Dr. C. thinks that eighteen months previously, at which time the patient laboured under symptoms of disease of the bladder, a communication was formed by ulceration between that organ and a contiguous surface of intestine, through which the worm had passed from the latter into the former organ.

The facts related by Mondiere (see p. 207 of this No.) suggest a more plausible explanation of this occurrence.

Dr. McDowell's Cases of Extirpation of Diseased Ovaria.—The operations of Dr. EPHRAIM M'DOWELL, of Danville, Ky., for extirpation of diseased ovaria, having been so frequently quoted of late, and often incorrectly; and the journal in which they were originally published ("The Eclectic Repertory") being inaccessible to the profession generally, we have thought that we should do a service by republishing them.

Dr. M'Dowell's first paper, containing the account of his three first operations, was published in the *Eclectic Repertory* for April, 1817; and his second paper, containing an account of two subsequent operations, was published in the same journal for October, 1819.

CASE I.—"In December, 1809, I was called to see a Mrs. Crawford, who had for several months thought herself pregnant. She was affected with pains similar to labour pains, from which she could find no relief. So strong was the presumption of her being in the last stage of pregnancy, that two physicians, who were consulted in her case, requested my aid in delivering her. The abdomen was considerably enlarged, and had the appearance of pregnancy, though the inclination of the tumour was to one side, admitting of an easy removal to the other. Upon examination, per vaginam, I found nothing in the uterus; which induced the conclusion that it must be an enlarged ovarium. Having never seen so large a substance extracted, nor heard of an attempt, or success attending any operation, such as this required, I gave to the unhappy woman information of her dangerous situation. She appeared willing to undergo an experiment, which I promised to perform if she would come to Danville, (the town where I live,) a distance of sixty miles from her place of residence. This appeared almost impracticable by any, even the most favourable conveyance, though she performed the journey in a few days on horseback. With the assistance of my nephew and colleague, James M'Dowell, M. D., I commenced the operation, which was concluded as follows: Having placed her on a table of the ordinary height, on her back, and removed all her dressing which might in any way impede the operation, I made an incision about three inches from the musculus rectus abdominis, on the left side, continuing the same nine inches in length, parallel with the fibres of the above-named muscle, extending into the cavity of the abdomen, the parietes of which were a good deal contused, which we ascribed to the resting of the tumour on the horn of the saddle during her journey. The tumour then appeared full in view, but was so large that we could not take it away entire. We put a strong ligature

which collects occasionally here and forms ponds remains perfectly sweet and transparent until dried up.

"The productions of the country are chiefly cotton and corn, and the natural growth beech, magnolia, pine, &c.

"The inhabitants of Woodville and the surrounding country have always enjoyed a great degree of health, seldom interrupted except by an occasional and partial prevalence of the usual autumnal fevers, to which our whole southern alluvial country is more or less subject.

"The past summer has been uncommonly hot: the thermometer being seldom below 80°, and frequently up to 100°. The whole month of June was rainy, but since, little or no rain has fallen, and the country is suffering from the want of water. The atmosphere, generally pure and dry, was so highly charged with electricity about the beginning of September, and the lightning at one time flashed so incessantly and vividly, as to create ominous apprehensions among many.

"The prevalence of the winds has been from N. N. West, and the nights have not been uncommonly cool."

This committee bear testimony to the disease being genuine yellow fever.

"Previous to the present year," we continue to quote from the report of the committee, "yellow fever never prevailed at Woodville. About 5 or 6 years ago, however, an individual, flying from the epidemic, which reigned at Bayou Sara, went to Woodville, where he soon fell sick and died with black vomit. Neither before nor since, until the present time, has the disease ever been heard of there."

The first case which occurred was "a negro man, who had been residing in the country a number of years, and who had been taken sick at his master's plantation, about 6 miles from town. The patient died. This death," observe the committee, "it will be borne in mind, happened on a plantation 6 miles from town, and it is worthy of note that no other case occurred here, with the exception of a slight fever about three weeks after, in another negro, who had never been near the first, and who soon recovered after a purgative of calomel, without quinine.

"The next case occurred in the town on the 11th August, in the person of Mr. Simrall. This gentleman was a Kentuckian by birth, and had been residing at Woodville about 3 years. His occupation was that of a merchant, and it is not remembered that he had recently received any merchandise from New Orleans, or been absent from the town since his removal there. He was attacked with the most unequivocal symptoms of yellow fever, which readily yielded to the free use of the lancet and calomel. After this he was put on the quinine treatment, which disagreed much with him, and rendered his convalescence tedious.

"After this case the disease began to spread as an epidemic, very generally."

We trust that a full account of this epidemic will be drawn up by one of the medical practitioners of the place.

Colon Strangulated by the Meso-Colon.—Dr. GILMAN DAVIS, of Portland, Me., relates in the *Boston Medical and Surgical Journal*, (Dec. 11th, 1844,) an interesting case in which fatal strangulation of the colon in an aperture in the meso-colon occurred. The subject of the case was a gentleman, twenty-six years of age, who was attacked on the 13th Oct., 1843, with paroxysms of pain in the epigastric region, without tenderness; but with remarkable tonic rigidity of the abdominal muscles, and constipation. By the use of cathartics, enemata and opiates, after three days suffering, evacuations were produced from the bowels and the other symptoms then yielded.

The patient, except being troubled with constipation enjoyed moderate health after this until the 5th May, 1844, when he experienced an attack similar to the first. There was superadded to the previous symptoms, constant vomiting, every thing swallowed was instantly rejected. There was no thirst; the firmest pressure on the abdomen caused no pain; there was extreme restlessness and

near the linea alba; as in cases formerly related, I tied a cord firmly round the ligament, attaching it to the uterus, and cut away the ovarium; but owing to the shortness and sponginess of the part, the cord slipped off before I laid the ovarium out of my hands, and a profuse discharge of blood took place. I immediately drew the uterus to the external incision, and commenced tying up the bleeding mouths separately. This also, in consequence of the diseased state of the parts, proved only of partial efficacy, as several of the ligatures cut through on tying them. I now thought it all over with my poor patient, but arming a needle with a strong ligature, I passed it round the ligament; securing it in its place by taking several stitches over its surface as I passed it round, and firmly tied it. By turning her nearly on her stomach I was able to get most of the blood out of the abdomen, using my hand to extract the coagulated portion. The incision was then closed by the interrupted suture, and strips of adhesive plaster. She recovered happily; but I am told her health is not good; the account I had of her was awkwardly given; from what I could learn her complaint is hysterical. This, though the smallest ovarium I have ever extracted, was much more troublesome to the patient than in any previous case. Besides experiencing severe lancinating pains in the parts, she was seldom able to discharge her urine, without getting almost on her head, in consequence of the tumour falling down into the pelvis, and compressing the urethra.

Case V. "A negro woman, from Lincoln county, was brought to me in April, 1818, supposed, by the different physicians who had attended her, to be affected with ascites; she had been under their care about eighteen months. On examining her I could very plainly discover the fluctuation of fluid in the abdomen, and for some months administered medicines for ascites without effect: despairing of the power of medicines, I at length tapped her, and discharged thirteen quarts of gelatinous fluid, such as I had before met with in dropsical ovaria, of so thick a consistence that I found it extremely difficult and tedious to discharge it. In two months after I found it necessary to tap again; during the process of discharging it a second time, the opening was frequently stopped by viscid portions of the jelly, which were broken by introducing a probe; when the abdomen was pretty well evacuated, I discovered, with the probe, a firm substance, which, on minute examination, I found to be of considerable size. I at once supposed the existence of a dropsical ovarium, in which I was confirmed on finding the uterus empty by examination per vaginam. Some months after she was again tapped, at which time I made the opening large enough to admit my finger: by which means I was able to ascertain the nature of the disease beyond a doubt. I informed her master what was certainly her situation, and that nothing but excision could effect a cure. My advice was not immediately followed, nor until after she was tapped a fourth time; a week or two after which she was brought to Danville to undergo the operation, which was performed May 11, 1819. The diseased ovarium being on the left side, and evidently dropsical, the incision was of course made on the left side. On exposing the tumour, it was found to adhere to the parietes of the abdomen, and to the intestines, by slender cords which were easily separated with the hand, and which caused a slight effusion of blood. To the uterus two strong ligaments adhered; one, the natural ligament, attaching the ovarium to the uterus, the other, an artificial one, attached to the fundus uteri, which appeared to be composed of the above-mentioned slender cords, compacted together. I then tied fine cords of silk firmly round each of these ligaments, discharged the contents of the tumour, and cut it away.

"There were sixteen quarts of gelatinous fluid discharged from the tumour and abdomen. The dressings and precautions were the same as in other cases. The second day after the operation she was affected with violent pain in the abdomen, together with an obstinate vomiting. She was bled as copiously as her strength would allow, but without producing any abatement of the pain or vomiting. On the third day she died. On examination after death, the uterus, contrary to expectation, appeared natural and uninflamed, the right ovarium healthy, the silken cords were securely and properly fixed, and not in a situa-

around the Fallopian tube near to the uterus; we then cut open the tumour, which was the ovarium and fimbrious part of the Fallopian tube very much enlarged. We took out fifteen pounds of a dirty, gelatinous looking substance. After which we cut through the Fallopian tube, and extracted the sack, which weighed seven pounds and one half. As soon as the external opening was made, the intestines rushed out upon the table; and so completely was the abdomen filled by the tumour, that they could not be replaced during the operation, which was terminated in about twenty-five minutes. We then turned her upon her left side, so as to permit the blood to escape; after which, we closed the external opening with the interrupted suture, leaving out, at the lower end of the incision, the ligature which surrounded the Fallopian tube. Between every two stitches we put a strip of adhesive plaster, which, by keeping the parts in contact, hastened the healing of the incision. We then applied the usual dressings, put her to bed, and prescribed a strict observance of the antiphlogistic regimen. In five days I visited her, and, much to my astonishment, found her engaged in making up her bed. I gave her particular caution for the future; and in 25 days she returned home as she came, in good health, which she continues to enjoy."

CASE II.—"I was called to a negro woman, who had a hard and very painful tumour in the abdomen. I gave her mercury for three or four months with some abatement of pain; but she was still unable to perform her usual duties. As the tumour was fixed and immovable, I did not advise an operation: though from the earnest solicitation of her master, and her own distressful condition, I agreed to the experiment. I had her placed upon a table, laid her side open as in the above case; put my hand in, found the ovarium very much enlarged, painful to the touch, and firmly adhering to the vesica urinaria and fundus uteri. To extract I thought would be instantly fatal; but by way of experiment I plunged the scalpal into the diseased part. Such gelatinous substance as in the above case, with a profusion of blood, rushed to the external opening, and I conveyed it off by placing my hand under the tumour, and suffering the discharge to take place over it. Notwithstanding my great care, a quart or more of blood escaped into the abdomen. After the hæmorrhage ceased, I took out, as clearly as possible, the blood, in which the bowels were completely enveloped. Though I considered the case as nearly hopeless, I advised the same dressings and the same regimen, as in the above case. She has entirely recovered from all pain, and pursues her ordinary occupation."

In his second paper, Dr. McDowell states, that he thought this patient well of her disease: "but she informed me a short time since, that it had been growing for the last 12 or 18 months, and says it is now about the size it was when I opened her six years ago."

CASE III.—"In May, 1816, a negro woman was brought to me from a distance. I found the ovarium much enlarged, and, as it could be easily moved from side to side. I advised the extraction of it. As it adhered to the left side, I changed my place of opening to the linea alba. I began the incision, in company with my partner and colleague, Dr. William Coifer, an inch below the umbilicus, and extended it to within an inch of the os pubis. I then put a ligature around the Fallopian tube and endeavoured to turn out the tumour, but could not. I then cut to the right of the umbilicus, and above it two inches, turned out a scirrhous ovarium, (weighing six pounds,) and cut it off close to the ligature put round the Fallopian tube. I then closed the external opening, as in the former cases; and she complaining of cold and chilliness, I put her to bed prior to dressing her—then gave her a vineglassful of cherry-bounce and thirty drops of laudanum, which soon restoring her warmth, she was dressed as usual. She was well in two weeks, though the ligature could not be released for five weeks; at the end of which time the cord was taken away; and she now, without complaint, officiates in the laborious occupation of cook to a large family."

CASE IV. "In April, 1817, I operated on a negro woman from Garard county: extracting a scirrhous ovarium, weighing five pounds. The incision was made

At a Public Commencement, held on the 20th of March, 1845, the Degree of Doctor of Medicine was conferred on the following gentlemen, by the Rev. ASHSEL GREEN, D. D., LL. D., President of the College; after which a Valetudinary Address was delivered by Professor MORGAN.

Maine.		Subject of Thesis.	
Charles B. Cates,	New Hampshire.	Typhoid Fever.	Oxygen.
Isaiah C. Bickford,		Hernia.	
Edward C. Dyer,	Massachusetts.	Scrofula.	Mensuration. Physiologically Explained.
Charles L. Knowlton,		Vitality of the Blood.	
Edwin N. Chapman,	Connecticut.	Menstruation.	Sensation.
Henry L. Whitman,		Bearing of Mental Phenomena on Therapeutical Indications.	
Alexander Henry Hall,	New York.	Operation for Enlarged Tonsils.	Menstruation.
Charles Martin,		Rheumatism.	
Edwin R. Maxon,	New Jersey.	Granular Disease of the Kidney.	Diagnosis of Typhus Fever.
Samuel O. Van Despoel,		Reverentia.	
Benjamin H. Deacon,	Pennsylvania.	Digestive Organs and their Functions.	Catamenial Discharge.
Charles R. Foster,		Intermittent Fever.	
Job Haines,	South Carolina.	Refrigerants.	Diseases of the Pancreas.
Richard M. Pancoast,		Scarlatina.	
Charles Ridgway,	Georgia.	Gonorrhea.	Opium.
Jonathan S. Whitaker,		Puerperal Fever.	
James P. Andrews,	Tennessee.	Pneumonia.	Diagnosis of Typhoid Fever.
James Bond,		Bicarbonate of Soda.	
Alexander H. Carpenter,	Alabama.	Uterine Hemorrhage.	Erysipelas.
Nathan H. Clark,		Dysentery.	
John M. Coon,	Louisiana.	Bilious Remittent Fever.	General Pathology of Dropsy.
Francis A. Crawford,		Scarlatina Maligna.	
John M. Dunlap,	Mississippi.	Typhus Fever.	Pleurisy.
John B. Dyott,		Drunkennes.	
John F. Evans,	Kentucky.	Nature and Seat of Lesion in Fever.	Pneumonia.
Joseph Gibbons,		Calorification.	
Thomas Gordon,	Ohio.	Endemic-Epidemic Dysentery.	Pleuritis.
Noah E. Hackedorf,		Ergota.	
H. Percival Hottenstein,	Maryland.	Hydragry Chloridum Mite.	Menstruation.
Joseph H. Lefevre,		Bronchocele.	
Caleb Liggett,	Virginia.	Nicotiana Tabacum.	Diagnosis of Typhoid Fever.
Abraham Lavezey,		Amenorrhoea.	
John Martin,	Canada West.	Puerperal Convulsions.	Cystitis.
Henry S. Mellinger,		Laryngo-Tracheitis.	
James McConaughy,	New Scotia.	Acute Hepatitis.	Surgery.
Elas Hale McNulloin,		Acute Gastritis.	
Matthew Miller,	Uruguay.	Diagnosis.	Sore la Catarata.
John W. Rowlands,		Granular Degeneration of the Kidney.	
Henry Roberts,	Scotland.	Insanity.	Arsenic as a Poison.
William J. Romig,		Scarlatina.	
John Henry Rothrock,	New England.	On the Causes which impede the Progress of Medicine.	Pleurisy.
Benjamin C. Snowden,		Teinosis.	
Edward R. Smith,	New England.	Intermittent Fever.	Cystitis.
Miller Stewart,		Medico-Legal View of Insanity.	
Alex. Thomson, Jr.,	New England.	Ovarian Dropsy.	Surgery.
George Henry Waters,		Vis Medicatrix Nature.	
Charles Wilson,	New England.	Lobelia Inflata.	Surgery.
Ellwood Wilson,		Gum Ammoniac.	
Samuel P. Ziegler,	New England.	Scarlatina.	Surgery.
Oliver B. Knobe,		Intermittent Fever.	
William W. Arbuckle,	New England.	Gonorrhea.	Surgery.
George S. Bryant,		Mania-a-Potu.	
Nathaniel E. Cargill,	New England.	Mucous Membranes.	Surgery.
Alexander Cunningham,		Effects and Modus Operandi of Iodine.	
James B. Dunkum,	New England.	Causes and Symptoms of Fall Fever in Eastern Virginia.	Surgery.
William T. Fleet,			

William V. Snyder, M. D., of Indiana, and Alfred Hitchcock, M. D., of Massachusetts, were admitted to the ad eundem Degree of Doctor of Medicine in this Institution; and the Honorary Degree of Doctor of Medicine was conferred on Dr. Solomon G. Birch, of Pennsylvania. TOTAL 116.

The examination of candidates for Graduation commences on the first of March.

The Commencement for conferring Degrees, is held in the middle or the latter part of the same month.

There is likewise an examination of candidates for Graduation, commencing on the first of July. The

tion likely to injure the adjoining parts. Her death had proceeded from peritoneal inflammation. This membrane, throughout its whole extent, appeared greatly inflamed, and the intestines largely inflated.

"I was assisted in this operation by my nephew, Dr. William A. M'Dowell. Doctors Weizegar, Tomlinson, and Horr were present.

"On examining the substances we had removed the contents of the sac presented a variety; different portions of the fluid were of different colours—semi-transparent, white, brown and yellow. There was also contained in the sac a considerable quantity of hair, which grew from the inner surface. Enveloped in the inner substances of the sac we found a bone, resembling very much in shape the front tooth of a cow.

"From the circumstance of the hair and bone one or two of the physicians present were inclined to believe the disease originated from an extra uterine conception, and that all of the fœtus had been absorbed, save the hair and single bone which was found. This question I submit to the faculty."

New Works.—Messrs. Lea & Blanchard have just published Sir Astley Cooper's treatises on the structure and diseases of the Testis, and on the structure and diseases of the Thymus Gland; Taylor's Medical Jurisprudence, with notes and additions by Dr. R. E. Griffith; and a treatise on the Diseases of the Respiratory Organs, by C. J. B. Williams, with notes and additions by Dr. Clymer.

The same publishing house have in press, and will shortly publish, Esquirol on Mental Maladies, translated with additions by Dr. E. K. Hunt; Ashwell on the Diseases of Females, with notes by Dr. Goddard; Miller's Principles of Surgery; and Brigham on the influence of mental cultivation and mental excitement upon health.

Obituary Record.—It is with deep regret that we record the death of Dr. Samuel Forry, which took place in the city of New York on the 9th of November last.

Dr. Forry was well known to the readers of this Journal by his numerous valuable contributions. For the last two years he edited with ability and success the New York Journal of Medicine, besides furnishing many articles to other periodicals; and during the same period he prepared several interesting and useful volumes.

Dr. Forry's constitution, naturally feeble, broke down under his arduous literary labours. He was attacked with a cerebral affection, which closed his career at the early age of 33.